

EXHIBIT B
PAYMENT HISTORY REPORT

Collection
Office **USAO**
Collect Type **OR**

Collection
District **NYS**
Priority Code **01**

Last
Name **Giannelli**
Scheduled Payment Amount

First
Name **Lisa**
CDCS
Number **2022A62252**
Scheduled Payment Date

Court
Number **20 CR 00160**
Current Liability **\$101,542.58**

Finance Code	Received Date	Received From	Posting Date	Payment Amount
PMNT	09/09/2022	LISA GIANNELLI	09/13/2022	\$100.00
Grand Total				\$100.00